DATEME	A DDI 10 ATIOM	CCC OCCOMMISSION	
DAIFRI		EEE IIE I EURINIATIOI	IDECADE
		<b>FEE DETERMINATION</b>	V REL.()R(

Effective October 1, 2003

Application or Docket Number

10826286

	CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
	COlumn 1				(Colu	umn 21	<b>-</b>	TYPE			OR SMALL		
⊩	TOTAL CLAIMS		28		<u> </u>			RATE	FEE		RATE	F	EE
L	OR		NUMBER	R FILED	NUME	BER EXTRA		BASIC FE	E 385.0	0 OA	BASIC FE	E 77	0.00
	OTAL CHARGE	EABLE CLAIMS	00 1111	ninus 20=	•	8	]	XS 9=		OR	X\$18=	141	40
І—	NDEPENDENT C			2 minus 3 =		2		X43=		OR	V20	†	•
M	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT				]	+145=	<del>                                     </del>			$\top$	
•	* If the difference in column 1 is less than zero, enter "0" in column 2						_	TOTAL	<del> </del>	OR		1011	11.5
	(	CLAIMS AS A	AMENDE	D - PAR'	TII			10111	<u> </u>	ال	OTHER	910	
	<del></del>	(Column 1)		(Colum	nn 2)	(Column 3)	<u>)</u>	SMALL	ENTITY	OR	SMALL		
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAI
NON	Total	. 28	Minus	**		=	] [	X\$ 9=		OR	X\$18=		
AME		TAITATION OF M	Minus	DENDENT		=	] [	X43=		OR	X86=		$\vdash$
<u> </u>	FIRST FRESE	ENTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM		1	+145≈		OR	+290=	$\vdash$	$\dagger$
					٠		L	TOTAL			TOTAL		$\vdash$
		(Column 1)		(Colum	ול חר	(Column 3)		DDIT. FEE		JOR ,	ADDIT. FEE		+
m		CLAIMS REMAINING		HIGHE	ST		ר ר		ADDI-	ז ר		^ DI	
AMENDMENT B		AFTER AMENDMENT		PAID FO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TION FE	NAL
NON	Total	•	Minus	**		=	1 [	X\$ 9=		OR	X\$18=		<u>-</u>
AME	Independent	•	Minus	***	1	= .	] [	X43=		OR	X86=		
Ш	FIRST PHESE	NTATION OF MU	JLTIPLE DEPI	ENDENT C	CLAIM		) <b> </b> -			107			
							L	+145=	<u>.</u>	OR	+290=		•
		•					AD	DOTAL DOTAL		OR A	TOTAL DDIT. FEE		
7		(Column 1)		(Column	-	(Column 3)			• •				
AMENDMENT C		REMAINING AFTER AMENDMENT		PAID FO	ER JSLY	PRESENT EXTRA		- 1	ADDI- TONAL FEE		RATE	ADD TION FEE	AL
힐			Minus	**		=	;	X\$ 9=		OR	X\$18=	<del></del> _	
AME			Minus	***		=		X43=	•	~    -	X86=		_
_1	HHO! FREDER	NTATION OF MUI	LTIPLE DEPE	ENDENT C	LAIM		-			OR			$\dashv$
" If the entry in column 1 is less than the entry in column 2 write TC in column 3								OR	+290=		·		
if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR									· AL	TOTAL DOTT. FEE			
· 1	he "Highest Numb	ber Previously Paid	For" (Total or Ir	ndependent)	) is the hi	ighest number	found	in the appro	priate box	in colum	nn 1.		